

APPLICATION FOR COUNSEL – FAMILY COURT

1. NAME: _____

AGE: _____ DOB: _____ SOCIAL SECURITY NUMBER: _____ TEL. NO. _____

ADDRESS: _____ CITY _____ ZIP: _____

2. Are you married? Y () N () Are you separated? Y () N () Are you a student? Y () N ()

3. Are you employed Y () N () How long have you been employed? _____

4. How much is your weekly take-home pay \$ _____

DO NOT LIST YOUR SPOUSE AS A DEPENDANT OR THEIR INCOME UNLESS HE/SHE LIVES IN THE HOME

5. How many dependents do you have (include yourself/spouse)? _____ How many of them do you support? _____

6. If you are not separated, is your spouse employed? _____

If employed, what is your spouses' weekly take-home pay? _____

7. If you show no income, what is your present means of support? _____

8. Does your spouse/parent whom you live with receive any of the following? Disability \$ _____ Social Security \$ _____

Worker's Compensation \$ _____ Unemployment \$ _____ Social Services \$ _____ Support/Alimony \$ _____

TOTAL AMOUNT \$ _____

9. Complete the following monthly expenses: (IF YOU NEED ADDITIONAL SPACE, USE THE BACK OF THIS FORM)

Mortgage _____ Rent _____ Food _____ Credit Card _____

Telephone _____ Loan _____ Auto _____ Insurance _____

Electric _____ Cable _____ Medical _____ Other _____

TOTAL AMOUNT \$ _____

10. Do you share the payment of these expenses with someone else? Y () N ()

11. Do you have any of the following? Cash on Hand Y () N (); Checking Account Y () N ()

Savings Account Y () N () Total Cash (Cash on Hand, Checking, Savings) \$ _____

12. Do you own a house, mobile home or automobile? Y () N ()

What is the value of your house/mobile home? \$ _____ What is the current balance \$ _____

Automobile: Make _____ Model _____ Year _____ What is the balance of the loan(s) \$ _____

13. Do you own any other assets of any kind? Y () N () If yes, describe in detail and give the value of these assets: _____

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT.

SIGNED: _____ DATE: ____/____/____

FOR COURT USE ONLY: Petitioner: _____ Respondent: _____

Part I _____ Part II _____ Docket No.: _____ File No.: _____ Return Date: ____/____/____

Time: _____ Nature of Proceeding: _____

Date Received by Court: ____/____/____ Received By: _____

FOR PUBLIC DEFENDER USE ONLY

TO: _____

DATE: ____/____/____

Your Application for Counsel has been:

() 1. Approved and your case has been assigned to: _____

The attorney's phone number is _____

() 2. Approved for the following services only: _____

() 3. Denied (check reason for denial)

a. Not Indigent ()

b. Visitation only real issue ()

c. No action currently pending ()

d. Incomplete or insufficient information ()

e. No authorization for Public Defender services ()

If you wish to appeal your denial or for further information contact:

SARATOGA COUNTY PUBLIC DEFENDERS OFFICE

40 MCMASTER ST. BALLSTON SPA, NY 12020

TELEPHONE (518) 884-4795 FAX (518) 884-4789 E-MAIL sarapdef@govt.co.saratoga.ny.us

IF YOU ARE APPROVED FOR PUBLIC DEFENDER SERVICES, THE ATTORNEY WILL ATTEMPT TO CONTACT YOU APPROXIMATELY ONE WEEK BEFORE YOUR COURT DATE.

**RETURN THE COMPLETED APPLICATION AND THE INFORMATION
REQUESTED BELOW TO:**

**SARATOGA COUNTY FAMILY COURT
35 WEST HIGH ST.
BALLSTON SPA NY 12020**

IMPORTANT NOTICE

**IF YOU ARE REQUESTING PUBLIC DEFENDER SERVICES, THE FOLLOWING
INFORMATION MUST BE PROVIDED WHEN YOU SUBMIT YOUR
APPLICATION:**

- 1) If you are employed, copies of your last four pay stubs.**
- 2) Copies of the most recent receipts for expenses, including utility bills, rent/mortgage, insurance, transportation, baby-sitting, etc.**
- 3) If you are self-employed, copies of your last three years tax returns.**
- 4) A list of any and all assets – and the balance you owe on them.**
- 5) The balance of any and all checking and/or savings accounts.**
- 6) List the names of the dependants you are claiming and their relationship to you on the back of the application.**

**FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN YOUR
APPLICATION BEING DENIED FOR INCOMPLETE OR INSUFFICIENT
INFORMATION.**